

REIMBURSEMENT VOUCHER FOR WORKSHOP OR CONFERENCE

Utah State Office of Education/Utah State Office of Rehabilitation 250 East 500 South P.O. Box 144200 Salt Lake City, UT 84114-4200

Name of Activity												
E.A. Number		Location										
Date of Activity												
Activity Leader												
Charge to:	Fund	Agency	Organ	Approp	Object	Activity	Rep Cat	Project				
	240	400		P		T	F		\$			
	240	400		P		T	F		\$			
	240	400		P		T	F		\$			
	240	400		P		T	F		\$			
	240	400		P		T	F		\$			
Pay to:	Soc. Sec. No.											
	Vendor No.		1099									
	Name											
	Address											
	Zip											

Use a separate claim for each workshop or conference.

Departmental No.

Stipend/Honorarium	No. of days	X Amount per day	= \$	Reimbursement
Travel* (no. of trips) _____ <input type="checkbox"/> and return				
to	No. of miles	X Rate	= \$	
from				
Lodging*	<i>Receipt required.</i>			\$
Meals* date _____ time depart _____ date _____ time arrive _____				\$
Other (describe)				\$
Contract No.	TOTAL EXPENSE			\$

* All reimbursements will be made at the current travel regulation rates of the Utah State Office of Education.
Please allow three (3) weeks for reimbursement.

Activity Leader Approval	Date
Prepared by	Date
Signature of Payee	<p>I hereby certify that all claims included in this statement were incurred in relation to authorized, official business and that the amounts are correct and proper charges.</p> <p>Also, I hereby certify that I will receive no remuneration from another state agency, state institution, school district, or other political subdivision for the time and service that I am now claiming reimbursement from the USOE/USOR as a consultant receiving an honorarium or a participant receiving a stipend.</p>
Title (Teacher, Supervisor, Principal, etc.)	Date